
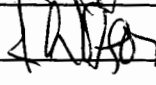


ROUTING AND TRANSMITTAL SLIP				Date: <b>August 8, 2007</b>	
<b>TO:</b> (Name, office symbol, room number, building, Agency/Post)				<b>Initials</b>	<b>Date</b>
1. <b>Racine Davis</b>					8/10/07
2. <b>Susan Hodges</b>					8/10/07
3.					
4.					

	Action		File		Note and Return
	Approval		For Clearance		Per Conversation
	As Requested		For Correction		Prepare Reply
	Circulate		For Your Information		See Me
	Comment		Investigate	√	Signature
√	Coordination		Justify		SEE REMARKS

**REMARKS:**

**NESHAP Inspection**

Pathmark  
700 York Road  
Warminster, PA 18974

*No violations observed*  
*Close out*

*DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions*

<b>FROM:</b> (Name, org. Symbol, Agency/Post)  <b>Stephen Forostiak</b> <b>3WC32</b>	Room No. -- Bldg Cubicle #108/11th Floor  Phone No. (215) 814-2136
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5041-103

**OPTIONAL FORM 41** (Rev 1-94)  
Prescribed by GSA  
UNICOR FPI - SST

# Heath and Safety Check List

## Asbestos NESHAP inspection

Inspection Date: July 31, 2007

Inspectors: Stephen Forostiak

### Site information

<b>Name:</b> Pathmark
<b>Address:</b> 700 Old York Road Warminster, PA 18974
<b>Contact/Phone Number:</b> Patricia May 610-363-0800

### Emergency Contacts

*(Names, location, & numbers)*

<b>Fire Department</b>	911
<b>Ambulance</b>	
<b>Police Department</b>	
<b>Hospital</b> Abington Memorial Hospital 1200 Old York Road Abington, PA 19001 215-481-2001	
<b>Poison control</b> 1-800-222-1222	

### Activity Description:

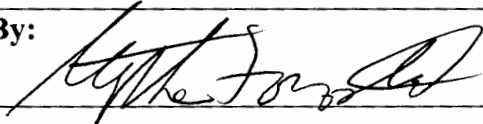
Conduct investigation of demolition and/or asbestos abatement activities at facility to ensure regulatory compliance. Inspection of asbestos abatement may require entering containment. If necessary, sample of suspected asbestos-containing material shall be collected.

### Potential Hazards:

1. Asbestos
2. Electrical
3. Slips, trips, falls
4. Heat/cold – related illness
5. Biological (ex. Animal bites/stings, allergic reaction to plants)
- 6.

**Personal protection equipment**

1. Level D for general site entry;
  - i. Hard hat
  - ii. Safety glasses
  - iii. Safety shoes/boots
2. Level C for asbestos containment entry;
  - i. Full face air purifying respirator
  - ii. Two hooded chemical resistant suits
  - iii. Rubber gloves

Prepared By: 	Date: 7-30-07
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Reviewed By: 	Date: 7/30/07
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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
1650 Arch Street  
Philadelphia, Pennsylvania 19103-2029

Project Name Pathmark  
Project Location 700 York Rd  
Warminster PA 18974  
Contractor Control Environmental Services Systems  
On-Site Supervisor NA  
Type of Project: Removal X Demolition \_\_\_\_  
Phase of Project: Pre-Job \_\_\_\_ Set-Up \_\_\_\_ Removal \_\_\_\_ Post A  
Inspection Number 1st X 2nd \_\_\_\_ 3rd \_\_\_\_ 4th \_\_\_\_  
On-Site Representative David Palmer  
Company Name Waterloo Garden  
On-Site Supervisor NA  
Type of Removal Gross X Glove-Bag \_\_\_\_ Other \_\_\_\_

Asbestos File # \_\_\_\_  
Project Start Date \_\_\_\_  
Inspection Date 7-31-01  
Inspector S. Forsyth

**NESHAP'S REQUIREMENTS**

Is Removal: Planned X Emergency \_\_\_\_

If Planned, was Notification Postmarked 10 Working Days Prior to the Start of the Project? Yes X No \_\_\_\_ N/A \_\_\_\_

Category of ACM to be Removed:

Regulated ACM \_\_\_\_ CAT. I X CAT. II \_\_\_\_

COMMENTS AND RECOMMENDATIONS:

Contractor not on site. Project  
Completed in waste trailer onsite.





## ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

## For Official Use Only

Date Received 1

Date Received 2

Postmark Date: \_\_\_\_\_

Project ID#: \_\_\_\_\_

Permit #: \_\_\_\_\_

Other #: \_\_\_\_\_

Inspector: \_\_\_\_\_

**RECEIVED**

JUL 5 2007

Pesticides & Asbestos Programs  
and Enforcement Branch (3WC32)  
EPA Region III

## REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1. TYPE OF NOTIFICATION (check one):	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Annual Notification
<input type="checkbox"/> Revision (highlight here, and changes)	<input type="checkbox"/> Phase of Annual Notification	
<input type="checkbox"/> Postponement	<input type="checkbox"/> Cancellation	
Date of Initial Notification or, if previously revised, date of last revision: _____		
2. PROJECT LOCATION (check one):	<input type="checkbox"/> Allegheny County <input type="checkbox"/> City of Philadelphia <input type="checkbox"/> Other Location in PA (specify county): <u>Bucks</u>	
3. For Allegheny County and City of Philadelphia projects only:		
A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.)		
B. For City of Philadelphia projects requiring a permit:		
Asbestos project inspector: _____ Certification #: _____		
Company name: _____		
Address: _____		
City: _____ State: _____ Zip: _____ Phone: _____		
4. WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).)		
5. TYPE OF OPERATION (check one):	<input type="checkbox"/> Abatement prior to Demolition	
<input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation	
6. FACILITY DESCRIPTION: Job No.: _____ (see instructions)		
Facility Name: _____		
Street/Rural Address: <u>700 York Road</u>		
City: <u>Warminster</u> State: <u>PA</u> Zip Code: <u>18974</u>		
Present use: <u>Waterloo Gardens</u> Prior use: <u>Pathmark</u>		
Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Facility size in square feet: <u>40,000</u> # of floors: <u>2</u> Age in years: <u>50</u>		
7. ABATEMENT CONTRACTOR:		
Company name: <u>CES</u>		
Allegheny County or City of Philadelphia License # (if applicable): <u>393</u>		
Street/Rural/POB Address: <u>421 N Bethlehem Pike</u> Sk. <u>60</u>		
City: <u>Spring House</u> State: <u>Pa</u> Zip: <u>19477</u>		
Contact: <u>Michael Fox</u> Telephone No. (between 8:00 & 4:30): <u>542-7000</u>		

8. DEMOLITION CONTRACTOR:  
 Company name: \_\_\_\_\_  
 Street/Rural/POB Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone No. (between 8:00 & 4:30): \_\_\_\_\_

9. FACILITY OWNER: Pl - Plainbridge LLC  
 Owner name: Plainbridge  
 Street/Rural/POB Address: 200 MILIK Street M-480  
 City: Carteret State: NT Zip: 07008  
 Contact: Patricia May Telephone No. (between 8:00 & 4:30): 610-363-0800

10. FACILITY INSPECTION (required for renovation and demolition projects):  
 Building inspector: Thomas Adams Certification # \_\_\_\_\_  
 Date of inspection: 5/8/07 Is any material assumed to be asbestos? ☐ Yes ☐ No  
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: \_\_\_\_\_

☐ Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11. IS ANY TYPE OF ASBESTOS PRESENT ☒ Yes ☐ No If Yes, please list in #12

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.

PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
FRI	tile/mastic	throughout	40,000	SF	rem	tem

Code \*  
Type of ACM

FRI - Friable ACM  
 NF1 - Cat I nonfriable ACM  
 NF2 - Cat II nonfriable ACM  
 (Note: Allegheny County  
 treats all ACM as friable)

Code \*\*  
Units

LF - Linear ft.  
 SF - Square ft.  
 CF - Cubic ft.

Code \*\*\*  
Type of abatement

REM - Removal  
 CAP - Encapsulation  
 CLO - Enclosure  
 NON - None

Code \*\*\*\*  
Final Clearance

PCM - Phase contrast microscopy  
 TEM - Transmission electron microscopy

13. Is this project regulated by NESHAP ☒ Yes ☐ No

A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

## 14. OPERATION SCHEDULE(S) (as applicable)

- A. Asbestos abatement: Start Date: 7/18/07 Completion Date: 8/10/07  
 Daily hours of operation: 7:00 ☒ am ☐ pm to 7:00 ☐ am ☒ pm  
 Days of week (check) ☒ Mo ☒ Tu ☒ We ☒ Th ☒ Fr ☐ Sa ☐ Su
- B. Demolition: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm  
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su
- C. Renovation: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm  
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su

COMMENTS:

## 15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

*Purchase with renovation*

## 16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

*Full Containment, Negative Air*

## 17. WASTE TRANSPORTER(S)

- A. Transporter #1 name: Geppert Recycling  
 Street/Rural Address: 4500 Wayne Avenue  
 City: Phila State: Pa Zip: \_\_\_\_\_  
 Contact: Don Geppert Telephone: 215-901-3188
- B. Transporter #2 name: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

## 18. WASTE DISPOSAL SITE(S): (any asbestos containing material)

- A. Landfill name: Medwin Landfill DEP permit #: \_\_\_\_\_  
 Street/Rural Address: 9400 Mt. Pisgah Avenue  
 City: York State: Pa. Zip: \_\_\_\_\_  
 Contact: Dispatch Telephone: \_\_\_\_\_
- B. Landfill name: \_\_\_\_\_ DEP permit #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

## 19. AIR MONITORING FIRM(S)

- A. Company name/individual: AET  
 Street/Rural Address: 28 N. Pennell Road  
 City: Media State: Pa. Zip: 19063  
 Contact: Daniel Caprio Telephone: (610) 881-0114
- B. Final clearance firm: (if different than 18A) \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Final clearance firm was hired by (check one) ☐ Contractor ☒ Owner  
☐ Other Explain \_\_\_\_\_

## 20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only)

- A. PCM company name/individual: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- B. TEM company name: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

## 21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): \_\_\_\_\_ Hour of emergency: \_\_\_\_\_ ☐ am ☐ pm  
 Description of the sudden, unexpected event:

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Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

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## 22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: \_\_\_\_\_

Name of individual who ordered: \_\_\_\_\_ Title: \_\_\_\_\_

Date of order (mm/dd/yy): \_\_\_\_\_ Date ordered to begin (mm/dd/yy): \_\_\_\_\_

## 23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

*Stop work and immediately notify owner  
and air management.*

## 24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: \_\_\_\_\_ Certification #: \_\_\_\_\_

Contractor (Individual): \_\_\_\_\_ Certification #: \_\_\_\_\_

Supervisor: *Michael Miller* Certification #: *007123*Contractor (Firm) *CEC* Certification #: *0084A*

## \*\*\*\*\* SIGN BOTH STATEMENTS \*\*\*\*\*

## 25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

*Michael Fox* *1/3/07*  
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: *Michael Fox* Title: *Proj. Mgr.*

## 26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

*Michael Fox* *1/3/07*  
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: *Michael Fox* Title: *Proj. Mgr.*

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